

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	20	↔		↔		↔	TOTAL DEP.						
TOTAL CLAIMS	23	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED	TOTAL CLAIMS	SEARCHED	EXAMINED	SEARCHED			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS